**Saskatchewan Voice of People with Disabilities Inc.
Volunteer Application Form**

**Contact Information**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Phone: | Work Phone:  |
| E-mail:  | Fax Number:  |

**What is your understanding of the philosophy of the Voice?**

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**Briefly, tell us why you want to be a volunteer?**

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**In what capacity would you like to volunteer for the Voice? (If it is for a specific event/function please say so here.)**

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**Additional comments:**

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**Please Note:**

* **In addition to this application, in order to volunteer you must submit a criminal record check (a letter will be provided to you, no cost)**
* **a confidentiality agreement upon approval of application**
* **a photo waiver is occasionally required.**
* **Volunteer applications are approved at the discretion of the Executive Director.**

**Please print and return to Saskatchewan Voice of People with Disabilities 984 Albert St Regina, SK S4R 2P7 or fax to 306-569-1889 or e-mail to voice@saskvoice.com**